

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** TROWBRIDGE PERSONAL CARE RESIDENCE (510046)

**Address:** 110 E COUNCIL ST, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1990

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0094721      **End Date:** 05/05/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0090988      **End Date:** 07/21/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006349    Served 09/12/2003

Deficiencies Cited

83.33(2)(g)3

83.33(3)(a)1

Subject Area

CBRF ARRANGE HEALTH VISITS AND DOCUMENT

PRACTITIONER'S WRITTEN ORDER FOR MEDS

Compliance

Verified

09/15/2003

11/15/2002

Corrected

Yes

Yes

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